

## Residential Window Replacement or Installation Permit Application

## City of Maple Grove

Fax 763-494-6417 Phone 763-494-6060 12800 Arbor Lakes Pkwy, P.O. Box 1180 Maple Grove, MN 55311

Applicable Code: 2007 Minnesota Residential Code

For Office Use Only			
Permit #			
Permit Cost			
Date Received			

Job Site Address:	te Address:Unit #:					
PROPERTY OWNER						
Name:						
Address:						
City:	Stat	e: Zip:	Phone #:			
	C	ONTRACTO	R			
Company Name:						
License #:	Exp. Date:	Contact Pe	erson:			
Lead Certification#:		Exp. Date:				
Address:			Contact Phone #:			
City:	State:	Zip:	Office Phone #:			
	P.	ERMIT TYPI	E			
Window Replacement	/Installation-\$80/Dw	elling Unit ( <u>Atta</u>	ched form must be completed).			
<b>Anticipated completion</b>	date:					
Brief description of wor	k:					
	DD		T.			
PRINCIPAL USE						
Single Family	Two-Family		<b>Town House</b>			
Estimated Value of Work Performed \$						
I hereby apply for a building permit and acknowledge that the information above is complete and accurate. I understand that this is not a permit and work is not to start without a permit. I understand that the permit will expire and become null and void if the work does not begin within 180 days or is suspended at any time for 180 days. I acknowledge that I am responsible to call for all required inspections and insuring that all work will be done in compliance with the ordinances of the City of Maple Grove and the laws of the State of Minnesota.						
Signature			Date			
			Rev. 7/27/11			

# WE ACCEPT MASTERCARD, VISA, AND DISCOVER FOR PERMIT FEES TOTALING LESS THAN \$1000

#### This information will be destroyed after the permit has been processed.

Under Minnesota law the information provided on this application is considered public and is available to anyone, except for the following:

The information regarding your credit card is private and will be provided only to you and to those people necessary to process your payment. This includes city employees who process your payment and employees of applicable financial institutions. You are not required to provide your credit card information if you want to pay by another method. However, if you choose to pay by credit card you must provide your credit card information to pay the appropriate fee. Otherwise, your application will not be processed.

To Pay By Credit Card MasterCard Visa or Discover	Name as it appears on card:  Type of Credit Card: €Visa € MasterCard €Discover  Expiration Date://  Account Number:
	Signature:Date:
	City: State: Zip Code

Notice: Faxed applications will not be processed without payment by credit card



**BUILDING INSPECTIONS** 

763-494-6060

www.ci.maple-grove.mn.us

### **WINDOW INSTALL CHECKLIST FOR** SAFETY GLAZING

PERMIT APPLICATION ADDENDUM

	ANSWER "YES" OR "NO" TO EACH QUESTION	Yes	No
Α.	Are any of the windows being replaced within 24 inches of any door? If you check "Yes", consult the Minnesota Residential Code for requirements.		
B.	Are any windows within an enclosure of or adjacent to a bathtub or shower? If you check "Yes", consult the Minnesota Residential Code for requirements.		
C.	Are any of the windows in B above less than 60 inches above the standing or walking surface? If you check "Yes", consult the Minnesota Residential Code for requirements.		
D.	Do any of the windows meet <u>all</u> of the following: any single pane of glass more than 9 square feet in area; bottom edge of glass is less than 18 inches above the floor; the top edge of the glass is more than 36 inches above the floor; and glass is within 36 inches of a walking surface? If you check "Yes", consult the Minnesota Residential Code for requirements.		
E.	Do any of the windows enclose a swimming pool or hot tub? If you check "Yes", consult the Minnesota Residential Code for requirements.		
F.	Are any of the windows within 34 inches vertically of a ramp, stairway, or landing? If you check "Yes", consult the Minnesota Residential Code for requirements.		
G.	Are any windows within 60 inches of the bottom tread of a stairway? If you check "Yes", consult the Minnesota Residential Code for requirements.		

If you checked "yes" to any of the above, safety glazing (tempered or laminated) may be required in those windows. Access to the interior of the dwelling may be required for the final inspection to verify safety glazing is in the appropriate locations.

## **LOCATION OF REPLACEMENT WINDOWS**

	FRONT						
DATE:	2 <sup>nd</sup> Floor	City of  Maple Grove  BUILDING INSPECTIONS  763-494-6060  www.ci.maple-grove.mn.us					
LEFT (AS SEEN FROM STREET)	1 <sup>st</sup> Floor	RIGHT (AS SEEN FROM STREET)					
	REAR						
2 <sup>nd</sup> Floor	2 <sup>nd</sup> Floor	2 <sup>nd</sup> Floor					
1 <sup>st</sup> Floor	1 <sup>st</sup> Floor	1 <sup>st</sup> Floor					
	Walk out						
TOTAL NUMBER OF WINDOWS REPLACED (Mark approximate location above)							
ARE ANY REPLACEMENT WINDOWS BEING INSTALLED IN A BEDROOM?YESNO INDICATE ABOVE.							
IF YES, TYPE OF CURRENT BEDROOM WINDOWS (CASEMENT, DOUBLE HUNG, ETC)							
TYPE OF NEW BEDROOM WINDOWS (CASE	EMENT, DOUBLE HUNG, ETC)	IF YOU ARE REPLACING BEDROOM EET EGRESS REQUIREMENTS.					
	THE SAME STYLE, WILL THE REPLACEMENT WINDO	WS BE THE LARGEST STANDARD					

### **LOCATION OF REPLACEMENT WINDOWS \*(Example)\***

